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Communications.

SOME PRACTICAL HINTS FOR THE TREATMENT, AND FOR THE PREVENTION OF UTERINE DISORDERS.

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(*Continued from No. 879.*)

Retroversions and Retroflexions.—For these forms of displacement, and for those forms of prolapse in which the womb is not unduly lengthened out, Hodge's closed lever pessary is one of the best. When fitting properly, it acts physiologically by propping up the dislocated fundus, and by restoring the posterior wall of the vagina to its natural length. Again, since its anterior bar plants itself firmly against the posterior surface of the pubic symphysis, or against the angle formed by the converging rami of the pubic bones, it offers a very efficient and powerful support. It will not, however, always answer. Whenever the relaxation of the parts is great, or the vaginal portion of the cervix has disappeared, as it sometimes will through senile atrophy, or through the stripping off of the vagina by the upward traction of the womb in repeated pregnancies, the physician may be driven to the globe-, or to the ring-pessary. But this alternative should be deemed a misfortune, for all pessaries which distend the vagina at the expense of its length are mere makeshifts. Such instruments cannot effect a cure, since by overstretching the vagina laterally, and by thus impairing its tonicity, they weaken this great supporting column of the uterus, and, in prolapse, tend to confirm the usual cause of the displacement. Further, the ring-pessary is not trustworthy, and needs watching, for it is liable, by its elastic pressure, to excite ulceration and to become buried up by over-arching granulations. In this manner it sometimes eats its way into the bladder or the rectum. There are few physicians with a large uterine practice who have not had to dissect out a ring vitally imbedded in the vagina. Another very great objection lies in the fact that, when made of poor and brittle rubber, as these pessaries usually are, they crack at one place or more during the process of their introduction; and then, sooner or later, by the rusting of the steel wire at these points, they spring open. This accident I have so repeatedly seen as to make me timid about using them. When the base and neck of the bladder are very sensitive, or when, as in some old women, the vagina has lost its elasticity and is shortened, Cutter's pessary answers a very admirable purpose. It is practically a Hodge pessary, having an external fulcrum attached by an elastic band to an abdominal belt.

My friend, Dr. Albert H. Smith, has made a modification of Hodge's pessary to which I am very partial, the more so because it meets several very important indications. The healthy vagina is a cone-shaped tube, widening out above and narrowing down as it approaches the vulva. Its uterine por-

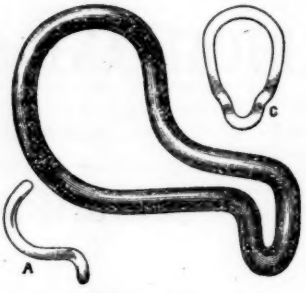
tion is thin, membranous and almost devoid of muscular fibre; while its lower portion is rich in elastic and muscular tissues, and powerfully acted upon by the strong muscles of the perineum. Now, Hodge's pessary being of a uniform width throughout, in fact, a parallelogram in shape, will often unduly stretch laterally the vulval, viz., the narrowest, portion of the vagina, while it too loosely fits the uterine portion. The pressure being unequally distributed, is liable not only to irritate the points of firmer contact, but also to cause the pessary to tilt over on its side, or to become otherwise displaced. Again, its front bar, by pressing upon the pubic bones, may irritate the overlying soft parts, and may also so compress the urethra as to make micturition painful. To avoid these defects, and also to distribute the pressure in front over the surface of the anterior vaginal wall, which responds to the movements of the diaphragm, Dr. Smith slightly narrows this pessary anteriorly, and then bends the tip thus rounded sharply downwards, at almost a right angle.

The Hodge pessary is readily moulded into this shape in the following manner:—The *anterior part only* is either dipped into boiling wax or lard (the temperature of boiling water is not high enough), or else is buried in sand heated to about 350° Fahr. When sufficiently plastic, the uterine, viz., the unheated, portion of the pessary, with the concavity of its curve looking downward, is grasped by the thumb and fingers, and so compressed that the anterior portion of each lateral bar slightly converges towards its fellow. While still undergoing this pressure, the pessary is quickly carried to a deep wash-basin, one-fourth full of cold water. The tip is now bent almost at right angles by pressing it for a moment strongly against the dry surface of the basin, over which it is then made quickly and firmly to glide down into the water below. The contact with the water at once "sets" the pessary in the desired shape. The sand bath is certainly the handiest and cleanest way of moulding these pessaries, but, unless carefully watched, it is liable to overheat and spoil some of them.

This form of pessary I can confidently recommend as one that will best fit the large majority of cases ordinarily met with of retroversion, retroflexion, or of prolapse. By comparing a Hodge pessary with Fig. 6 the alterations in shape will be at once seen. A side view is given at A and a front view at C.

Whenever the body of the womb is too tender to bear the pressure of this hard rub-

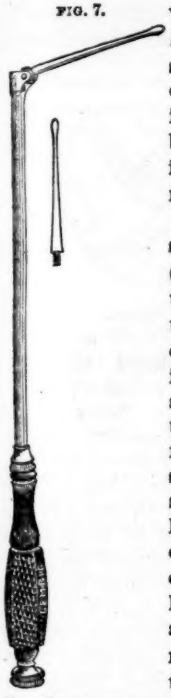
FIG. 6.



ber pessary, the provisional use of inflated rubber rings will be called for. These air-cushions must be used in conjunction with local depletion, with intra-uterine applications of carbolic acid as a local anæsthetic, and with the hot douche, the last, provided the woman can herself remove and re-introduce this pessary. Some stubborn cases I have overcome by a free application of fuming nitric acid to the uterine cavity. Whenever these inflated rings cannot be procured, wads of oakum or sponges dipped into a weak solution of carbolic acid will answer as very good substitutes. The distressing pelvic pains and aches which torment these patients will be greatly alleviated by passing into the vagina, at bedtime, a suppository containing one grain of morphia and two of the extract of belladonna.

In most cases of retroversion or of retroflexion it will prove advantageous to stretch out the contracted utero-sacral ligaments by the repositor (Fig. 7). This instrument is used by introducing the stem into the uterus, and then giving varying angles to it by a screw in the handle. In this manner a retroverted womb can be temporarily forced into a state of anteversion. The womb when flexed should also be straightened out, by giving varying curves to the sound; or by first seizing and drawing down the cervix with the volsella, and then pushing up the fundus by a finger passed up either into the vagina or the rectum. By this manœuvre a retroverted womb can also be readily redressed; but it is then best not to push the fundus directly upward over the jutting promontory of the sacrum, but some-

FIG. 7.



what laterally, so as to make it skirt this bony shelf. As will be seen, under its appropriate heading, the uterine dilator bids fair to do much good in obstinate cases of retroflexion.

One word here on the subject of the volsella (Fig. 8). Since it maintains its hold better than the tenaculum, it is to me one of the most precious instruments in my bag, amounting in value almost to a third hand. Apart from using it, as above described, in redressing or straightening out any kind of version or flexion of the womb, it subserves other useful purposes. By hooking down the cervix and holding it steady, it materially aids in the introduction of sponge-tents. For the same reason, upon the removal of the tent, it renders the exploration of the uterine cavity with the finger very much easier than by the usual plan of forcing the womb down upon the finger by supra-pubic pressure, a procedure always painful, and in a fat woman, very difficult of execution. By thus lowering and fixing the womb, it facilitates very materially the removal of intra-uterine polypi, or the scraping away of benign or of malignant growths from the cervix or the fundus. In such cases, I usually apply it without the aid of the speculum, and generally seize hold of the anterior lip. In redressing versions, a mechanical advantage is gained by seizing hold of that lip whose name does not correspond with that of the version. Thus, in retroversions the anterior lip is seized; in anteversions, the posterior lip. But in flexions, as one object of the traction is to stretch out the flexed side the most, that lip should be seized whose name corresponds with that of the flexion. This advice is theoretically correct; but it may not always be found practicable. Let me here state that I teach all right-handed students to use the left hand for making uterine examinations and for other internal work. This leaves a clean right hand for manipulating the various instruments and for any necessary outside work.

FIG. 8.

Anteversions and Anteflexions of the Womb.—Since these conditions are more or less the natural ones of the nulliparous or of the healthy uterus, and especially so when the bladder is empty, it by no means follows that every case of hysteria or of pelvic irritation exhibiting these forms of displacement requires a uterine treatment. I am led to make this remark, because a congestive irritation, or, perhaps, an inflammation of one ovary, or of both, is often at the bottom of symptoms usually referred to the above displacements, and because many a hysterical woman has, consequently, been unfortunately subjected to a purely uterine treatment, when it should have been a moral one, or a constitutional one, or, at the most, an ovarian one. The paramount influence of the unseen ovaries over body and mind is too much overlooked. With much truth it has been said, that anatomically we may speak of the "womb and its appendages," but that physiologically the womb is really an appendage of the ovaries. True, the contiguity of these structures, and their intimate nervous, vascular and functional relationship, make them so mutually dependent, that a disease in the one is very likely to beget a derangement in the other. But, without committing myself to the doctrine that hysteria in woman is, primarily or secondarily, always an ovarian expression, I am sure that it is often present when no lesions whatever can be discovered in the uterus proper. Hysteria is pre-eminently a disease of the unmarried, of the newly married, and of the sterile. But, since in them the womb is naturally anteflexed and anteverted, so this physiological condition is liable to be mistaken for a pathological one, and to be treated, that is to say, maltreated accordingly. The diagnosis is, therefore, not always clear, but, when dysmenorrhœa is present, when the womb is mark-

edly tender or congested, or it exhibits other unmistakable objective evidences of disease, when, in addition, the marriage is an unfruitful one, then may the hysterical and other subjective symptoms be intelligently referred to the uterus proper as the primal cause.

Since typical examples of pure anteflexion alone, or of pure anteversion alone are rarely to be met with, the one lesion usually blending with the other, the same kind of treatment for each will often answer. By the same means as were described for cases of retroversions and of retroflexions, but of course in an opposite direction, the utero-vesical folds of the peritoneum must be forcibly stretched out, and the womb, when bent, straightened out. This should rarely be done oftener than once a week; in the meantime anodyne vaginal suppositories at bedtime will usually be very grateful. At each visit local depletion and topical remedies will also be generally called for. Since, as has been remarked, these forms of displacement more commonly occur in unmarried or in sterile women, the cervical canal is often tortuous and contracted. Tents of sponge, or of laminaria, or of slippery-elm bark will, therefore, be needed as auxiliaries to the treatment. This method of cure, however, being tedious and unsatisfactory, I have lately, with great success, been treating these cases by forcible dilatation; an operation which will shortly be described.

The treatment of this class of displacements by pessaries is by no means so satisfactory as in the former class. No two cases can in this respect be treated exactly alike. The difficulty lies in the construction of an instrument that shall lift up the body of the womb by pressure made in front of the cervix, without irritating the bladder through which the support must be communicated. By pushing the cervix forward the Hodge pessary will sometimes, in pure cases of anteversion, tilt the fundus backward off from the bladder. Sometimes in anteflexions, by sharing with the bladder the weight of a congested womb, it will alleviate the vesical distress. Again, this instrument, in conjunction with an abdominal brace, will at times give much comfort. In a few selected cases Thomas' anteversion pessary will act admirably; but in the majority it cannot be borne. It has, however, served me some very good turns, and I, therefore, give a cut of it. (Fig. 9.) It is practially a Smith-pessary armed posteriorly with a movable bow, which is added to make pressure upon

FIG. 9.

the fundus uteri. In its introduction and removal some degree of knack is needed. After closing it, it is introduced and lodged behind the cervix, just like a Hodge pessary. Then, by insinuating the index finger between the bow and the pessary proper, the former is prized up and swung forward. Since, in the removal, the bow flaps back on the posterior bar (B) and tightly pinches the cervix, the latter must be pushed upward out of the gripe by means of the index finger. This sleight of hand should be taught to the patient, so that she herself may be able to remove the pessary, or to explain the method of its removal to a physician ignorant of its peculiar construction. Otherwise, he will tug away in vain at its anterior bar (A), and be at his wits' end to know how to get it out of the vagina.

The ordinary globe- and ring-pessaries will occasionally answer when other measures fail. Of all mechanical agents, I have, in the long run, found the inflated ring pessary to be the best. This soft-rubber air-cushion can generally be well borne, while, by the admission of the cervix into the opening in its centre, the fundus is tilted off from the bladder. This pessary has, however, three grave faults: it over-distends the vagina; it soon becomes useless by collapsing; it is very liable to generate offensive discharges. Yet, in spite of these objections, I am often driven to its provisional use, while resorting to such measures as are calculated to relieve the congestion, for after all this is the marrow of a successful treatment.

My experience with the intra-uterine stem pessary has not been very encouraging. It may be a very excellent pessary; it certainly is a very good one, to watch. In a very few cases of anteflexion it has answered admirably. In the majority the womb has resented its presence. In one case a smart inflammation set in, which kept my patient confined to bed for two weeks. In

another, the agony was unbearable. Their use involves so much care and anxiety that I have pretty much discarded them from the treatment of the out-patients. In private cases I occasionally use the glass-stem pessary, which is the least irritating one, but which tends to slip out. Chambers' hard rubber stem pessary has recently been so lauded by the British medical press, that I intend to give it a fair trial. In the only case in which I have thus far employed it, so much irritation was excited that its removal became imperative within six hours after its introduction. By being split into two portions, which spread apart, this stem has the great merit of not slipping out, and that, I fear, is its sole merit. But, with regard to intra-uterine stem-pessaries, my own conviction is that they have had their day, and that, since the discovery of the method of rapid dilatation, they will in the future be occasionally used for a few days, and then only after this operation.

Before quitting this subject, I should add that Hewitt's modification of the Hodge pessary has, in my hands, occasionally given great comfort, after the failure of every other kind of pessary. It is, however, like its fellows, adapted only to single and isolated cases, cases which cannot be determined beforehand. From the foregoing record of my experience with pessaries, it is plain that he who, in anterior displacements, trusts to mechanical means alone, is doomed to disappointment. He, on the other hand, who combines the therapeutic with the mechanical treatment, will meet with the greatest success. Under the next heading I purpose to give an additional method of treating this stubborn class of flexions, which will, I believe, in the great majority of cases, yield the very best results.

(To be Continued.)

THE TREATMENT OF SMALL-POX.

BY DR. A. VON MANSFELDE,

Of Chicago.

Carefully considering the pathological condition of a small-pox patient, what may we do for him? Not for the disease; we leave that to itself; it knows its course; nature has provided for that. What are the remedies at our command?

Vaccination. Dr. Marson says that this blessed tool of the immortal Jenner will prevent small-pox, if used even three days after exposure to small-pox.

Dr. Furley, London *Lancet*, declares that vaccination will, even after this period, moderate that disease, and prevent suppurative fever.

Dr. William Marchat, London *Lancet*, asserts that up to the eighth day after vaccination a person may take small-pox, but that after that day no such event is possible.

We grant all this, and ask simply, What is the modus of action of vaccine virus?

Dr. Ballard says: For the development of vaccination pustules and virus, a pabulum is necessary; so it is for a small-pox pustule and virus. *E nihilo nihil fit*, and the former uses this to the detriment of the latter.

Dr. Furley: "From my experiments I am led to the conclusion that protection against small-pox is the actual presence of lymph in the blood, and that the pabulum of vaccinia or variola is the pabulum of any other cell-formation."

We heartily concur in the latter conclusion, as our explanation of small-pox development agrees with it, but by no means commit ourselves to these hypotheses, for these assertions are nothing else, as they do not prove anything.

Our belief is this. The virus of vaccinia enters the blood in the same manner as the poison of small-pox, and lodges in the same set of cells, and nowhere else, and the influence it has is a modification of those cells, in the qualitative sense; whether this action be exerted upon the cell walls or the cell contents we are not prepared to say, but we are well able to explain from this footing any of the assertions of the above mentioned gentlemen, or any of the known consequences of a good vaccination. Let us see.

Dr. Marson declares that after a certain period vaccination cannot prevent small-pox; this is easily explained by the fact that the cell, once modified by the variola particle, is not likely to be again changed to the right by a substance in its own action favoring the same pathological condition; but before suppuration commences again, we comprehend Dr. Furley in asserting that vaccination does modify the disease, even if already in the body when operated upon, for as long as this may enter the organs concerned, there is no reason to doubt the peculiar influence upon them.

We also comprehend the non-action of

small-pox matter after the eleventh day of vaccination; since then the metamorphosis of the cells is completed, and the action of one is counterbalanced by that of the other.

Finally, we perceive why it is possible that the child in utero may have small-pox and not the mother, the latter's rete mucosum or cells of malpigii being charged priorly, either by the disease itself, or by vaccination. We also well understand the danger to the child in utero, by the mother's vaccination, the latter being almost identical with small-pox in the adult human being, as to its effects upon the epidermis and corion of the fœtus.

Vaccination is a good remedy for small-pox, and should be used thus: Apply your vaccinia at least at three distinct places, on either arm, in the usual manner, as soon as you think the patient *may* or *will* have small-pox.

Other remedies: Anything that will delay the primary irritation, followed by remedies that will prevent *higher nutrition* as long *as possible*, and such are sedatives internally and externally applied, and of all of them, we think none better than glycerine and carbolic acid externally, mixed with a little aconitine. Internally the same acid alternating with some cool saline drink, as citrate of magnesia and the like. The body should be washed as often as possible with cool water, saturated with carbolic acid soap; after such ablutions, the above mentioned application should be made.

Stimulation, either by food or medicine, is positively not indicated, until suppuration is fairly advanced, and in no case should it exceed two-thirds of the wants of a healthy body; it should be ascertained, if possible, how much of food the patient was wont to digest, when healthy, and how much of such food his avocation requires. We believe that more patients are killed with stimulation and over-feeding, than suffer death by the opposite extreme, and our assertions, we doubt not, stand well braced, if our theories of the disease prove correct.

Remedies for Furunculosis.

The tendency to the frequent recurrence of crops of boils and styes is in some cases extremely annoying. M. de Savignac says he has always succeeded in effectually checking them by the alternative use of glauber salts and arsenic, the latter constitutionally, the former as an occasional purgative.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Service of John H. Brinton, M. D, one of the Surgeons to the St. Joseph's, and to the Philadelphia Hospital, etc.

SURGICAL CLINIC,

Wednesday, December 17th, 1873.

[Reported by Dr. John M. Keating, Resident Physician.]

GENTLEMEN:—In accordance with my custom, I shall first exhibit to you, this morning, the results of our practice and operations on previous days. Here is the man upon whom, on the third day of this month, I operated for phimosis. You will recollect his case, and that I was impelled to the operation by the evident existence of a soft sloughing chancre beneath the inflamed and swollen prepuce. The foreskin was slit freely up, and the bleeding surfaces of the incision as well as the subjacent chancres were thoroughly cauterized with nitric acid.

Although in a general way deprecating cutting operations, when possibly inoculable sores exist, in this case I deemed it justifiable for the reasons then set forth. The active application of the fuming acid was, I then thought, sufficient to prevent auto-inoculation of the freshly cut edges. Observe the result: the chancroids have been entirely destroyed and have healed; no extension of the sores to fresh tissues has occurred; the divided edges of the foreskin have granulated and have cicatrized, and the man is well locally. Nor do I believe that any additional danger of constitutional infection has been incurred. The man has not been put on any constitutional treatment, nor shall I now do so. His case will, however, be carefully watched, and should any indications in that direction arise, they will be promptly attended to.

The next patient you will scarcely recognize, so marked has his improvement been. He is the man who was suffering from acute inflammation and suppuration of a thigh stump. I opened the abscess before you, freeing many ounces of pus which had burrowed beneath the fascia lata, and which was doing great mischief, both local and constitutional. He was at that time very adverse to operation, and still is, but I am under the impression that the shaft of the femur may possibly be concerned in his trouble, and that a further exploration may become necessary. You will probably, therefore, have the opportunity of examining this case again.

Urethral Stricture.—I wish now, gentlemen, to resume the remarks with which I closed my last lecture, touching urethral stricture. In illustration of what I have already told you, and of what I shall say to you this morning, I here bring before you three patients, all suffering from the affection in question. I shall epitomize their clinical histories, and shall endeavor to

frame or fit them, as it were, into a general description of some of the characteristics of this malady.

One of these men, McQ., aged 45, first contracted a gonorrhœa twenty-five years ago. No symptoms of stricture followed for many years. He entered the army, and trouble in urination first appeared during the Virginia campaign of 1863. Since then instruments have from time to time been introduced, but always with difficulty. For some months past he has had very frequent micturition. He came into this house three days ago with retention. Dr. Perry, one of our residents, introduced, after repeated efforts, a whalebone bougie, and over that a tunneled catheter into his bladder, drawing off a large quantity of urine.

The second case is that of Henry C., aged 49; he has had gonorrhœa frequently, followed during the last six years with great difficulty in passing his water. During this time attempts at instrumentation have been made by different surgeons, sometimes successfully and sometimes not. He now passes his water by driblets.

The third case is a man of about 28. During the last ten years he has had several attacks of gonorrhœa, giving rise to a tight stricture at the membranous urethra. He came into the hospital complaining of inability to pass his water. The stream of urine was very thin and slender, passing at frequent intervals, and accompanied by irritation.

In my last lecture I alluded to the symptoms of stricture, which I will now just recall to your memories; to wit: *first*, a small attenuated stream of urine with diminished propulsive force; *second*, a forked, spiral or twisted character imparted to the jet of urine; *third*, straining in urination; *fourth*, pain, referred to the seat of stricture, the head of the penis, or to the supra-pubic region; and, *fifth*, frequency of micturition. I also told you, that in judging of the flow of urine, you should always let your patient make water before you. To illustrate the value of this charge, I will ask these three men to urinate in your presence, so that you can judge for yourselves; and I will afterwards ask them a few questions.

You will notice, if you please, the character of the respective streams. In the first case, the urine does not jet at all; it passes in drops; it is only a dribbling. It has no propulsive force whatever. In the second case the jet is forked and divided, flying from the meatus as if there were two or three orifices instead of one. In the third case, that of the youngest man, the stream is continuous, although very slender. It is, moreover, twisted, although I think that the twisting here is owing to traction exerted upon the lower edge or extremity of the meatus by the tightened frenum, since I notice that the man has strongly withdrawn the foreskin from the gland. I direct him to allow the prepuce to roll forward again. As he does so, the frenum is loosened, the tension on the meatus relaxed, and the stream becomes more natural. This is a little clinical fact which you will do well to remember.

I will next put to these men the same question. Do you strain much before the flow of urine occurs? The answer in each case is in the affirmative, the man McQ. adding that he frequently stands for several minutes without voiding a drop. I then inquire as to pain during micturition. This is present to a greater or less extent in the three cases. It is described as a burning or scalding sensation, and by two of them is referred to the seat of stricture, and by one to the head of the penis. In two patients the pain is greatest just at the commencement of the flow, in one, as the stream passes out. Then, too, as to the frequency of micturition. In the youngest patient this is not greatly increased. The two other men tell me, however, that they rise twelve or fifteen times in the night, to empty their bladders. They say that they rarely pass three-quarters of an hour in the daytime without an attempt at urination, and that oftentimes these efforts have been at intervals of not more than ten or fifteen minutes.

It is well, too, to examine the character of the urine passed in stricture. I do so now, in a cursory way, and at a glance observe a notable change in the urine of the two worst cases. The fluid is flocculent, has a deposit, and evidently contains not a little mucus and pus. There is doubtless, in both of these cases, more or less vesical irritation, dependent upon chronic cystitis. You notice that the alteration of the urine is present in those men who complain most of pain preceding and in the early stages of micturition.

Thus, gentlemen, in a very few minutes, by means of one or two well-directed questions, we have examined this little group of patients, and probably every one of you is mentally convinced that stricture is present in each one of these men. Doubtless this is the case; but, to obviate all doubt, and to verify the diagnosis, a further examination, namely, that by the instrument, must be made. You cannot, in fact, in any case involving the flow of urine, rely upon any single, or even upon a group, of rational signs. You must always, in addition, resort to instrumentation.

Now, how shall I examine a case of stricture by the instrument? In the following manner: I direct my patient to drop his pantaloons, and to rest upon the edge of a sofa or bed, with his hips well supported, and with his feet drawn up. I place a pillow beneath his shoulders, so as somewhat to relax the abdominal muscles. If the weather be cold, or if the patient be under examination for the first time, I carefully wrap up each limb separately, and also cover his body and chest. I am very particular in this matter, for I am quite sure that the more care you take of your patient, the less will be his nervousness, and, as a rule, the more satisfactory will be your own examination. The introduction of an instrument into the urethra, especially when done for the first time, is always a source of dread.

Lessen, therefore, the shock to your patient by all means in your power.

I have told you that, as a rule, it is more convenient to examine a patient in the recumbent posture. If you like, you may introduce the instrument as the patient stands upright before you; or, you may allow him to rest upon a sofa, and you may stand or sit beside him. For my own part, however, in difficult cases I usually put my patient in the position I have described. I then select the instrument I intend to employ, and, if examining for stricture, this is usually a Thompson's metallic bougie, No. 8, or 9, or 10. I then warm the instrument and oil it well, or, better still, I inject into the urethra, with a small hard-rubber syringe, a little sweet oil.

I will in this manner explore the urethra of the second of the patients before us, using the sound, say number 9 of the English scale. As you see, having warmed and oiled this instrument, I carry it carefully down the urethra, taking care to avoid the lacuna magna on the upper wall, not far from the meatus. Having passed this point, and as the instrument descends, I cause it to follow the upper urethral surface. There is no difficulty whatever in keeping the point of the sound in any relative position you may desire. The secret in this matter consists in handling the instrument properly. See how this is effected. As I now hold the sound, the pressure of my thumb is opposed to that of the index and middle fingers. By sliding my thumb, which here acts as a fulcrum, upward and downward upon the instrument, I change the leverage, and am thus enabled to direct the point of the sound at pleasure. I preferably select the upper wall as being free from lacunæ or pouches, and also because I am less exposed to do damage by injuring the lower wall at the point of juncture of the spongy and membranous urethra. As I approach this last mentioned locality, my instrument is arrested and I feel that I am in contact with the stricture. The resistance I here encounter is firm and decided, and if I press slightly with the sound, as I am now doing, the patient experiences pain. The passage appears to be blocked. I sweep the point of the instrument around, and essay each portion of the urethra, but it does not advance. The diagnosis is now made out; we have undoubtedly to deal with a stricture, and a tight one.

What shall I do next? I have decided, during the last minute or so, as to my course. I shall endeavor to pass a small instrument of some sort or other through this stricture. I shall then be able to determine its extent, and the treatment. In all probability I shall endeavor to dilate this stricture as rapidly as may seem safe. The man's condition is not at this moment at its best; else I should use the rupturing instrument of Mr. Holt, as being speedy, and in properly selected cases, I believe not unsafe. As it is, I shall here employ dilatation, and shall proceed thus:—

I hold in my hand an exceedingly fine whalebone bougie. Its lower extremity is almost as slender and flexible as a hair, really capillary in its nature. It terminates in a very small oval probe end. The whole instrument is finished with great care, and is perfectly smooth, flexible, and I believe in every respect to be relied upon. I make these bougies myself, preferring them to those which are provided by the instrument makers, which usually are too stiff and unyielding. With a little mechanical skill, a sharp knife, and a piece of emory paper, any one can make one of these in less than five minutes. The split whalebones can be obtained by the gross from dealers in hatters' materials.

In introducing these fine whalebones you must not expect that the first one will necessarily pass the stricturing band; usually it will not; its point may be caught in a lacuna of the mucous membrane, or it may miss the opening in the stricture, and be arrested by the stricture itself. If this should happen, retain the whalebone in position, and insert another by its side. If this second passes, well and good; if it should not, leave it in position and put in a third one, and so on, until the lacunæ and points of obstruction are occupied by your bougie points, when eventually one will pass the stricture and reach the bladder. You can tell that such is the case by the ease with which the instrument can be slid up and down. You will then have the last whalebone in situ; withdraw the others and proceed to the next step of the operation.

This consists in passing down over the whalebone a metallic catheter with a bridge on its extremity, for the extent of a quarter of an inch; underneath this, of course, is a sort of tunnel, as you may observe by examining the instrument in my hand. Through this tunnel the whalebone is passed, and the metallic catheter is carried directly down to the stricture. If the stricture be not very tight it will usually pass through, gliding on its director. If the opposition at this point is very decided, I have found great advantage by resorting to the following little manœuvring: withdraw the whalebone to the extent of an inch, until the finer conical part alone remains in the grasp of the stricture; then firmly grasping the whalebone and catheter between your thumb and finger, carry both instruments simultaneously forward, and the chances are that they will pass the stricture and enter the bladder. The whalebone should then be taken out.

By these means, I believe that you can always succeed in penetrating any organic stricture, the result of disease; I am not now speaking of traumatic cases, for in them my experience has not been sufficiently great. But in organic strictures, of gonorrhœal origin, I honestly believe that you will always succeed, provided you are patient, gentle, and possess a fair amount of dexterity. You may not succeed on the first day; it may be necessary for you to give your patient more than one sitting; but

sooner or later you will succeed, if you persevere in good faith, believing that you will succeed in the end. I have thus treated a great many cases, and I have never yet failed, save in one single instance, when I first began to use this instrument, and essayed a stricture which had just been submitted to the divers manipulations of several surgeons. If I had that patient now, I would succeed.

And here let me give you one piece of advice, a hint I consider all important in this connection. It is simply this: if you expect to pass a tight stricture by means of these whalebone bougies, you must not employ them after endeavors have been made by other instruments at *the same sitting*. If you do you will fail, in all probability. I can scarcely understand why this should be, but so it is. Perhaps it may be that the contact of other and larger instruments upon the mucous membrane around a strictured orifice may so change, deform, or close the opening as to render it difficult for the finer instrument to effect the passage. But let the explanation be what it may, I give you the clinical fact, and the caution I have expressed. If you forget it, you will some day recall it by unpleasant experience. It has been urged by some, in opposition to this treatment, that such fine bougies are apt to penetrate the mucous membrane, and to produce false passages. I do not think that this objection is well founded. I have never known such an accident to occur, and I do not believe that these instruments are one whit more dangerous than the ordinary appliances for treating stricture.

I have not yet spoken to you of the authors of this plan of treatment. The application of the *tunneled* catheter upon a fine whalebone guide, is due to Drs. Van Buren and Gouley, of New York.* The instruments I show you are known by the name of the latter gentleman, who has written a good deal in favor of this method of treatment. The general principle of using a smaller instrument to guide a larger one in dilating a stricture, is not, however, novel. It has been practiced by Maisonneuve, of Paris, and by Wakly, of London. More than twenty years ago I saw Dr. Pancoast, of this city, slide a metallic catheter into the bladder over a fine catgut, previously insinuated through an obstinate and indurated stricture, and this has long been, I believe, a favorite procedure with him. But the credit of the application of the filiform whalebone to the tunneled catheter is undoubtedly due to the two eminent New York surgeons I have already mentioned.

I will now develop before you, practically, the merits of the method I have just described. The patient on the table has a very tight stricture. It has already been twice passed, as I have told you, and I shall try and do so again. See, I carry this whalebone to the stricture. It is arrested. I take another and pass it by the side of the first. It reaches the stricture, engages it, passes it, and has now entered the bladder. The facility with which I can move it up and down assures me of this fact. I now slide down the whalebone a tunneled metallic Gouley's catheter of the smallest size. It, too, is arrested by the stricture, which is very tight. But by a little gentle manipulation—no force, remember—by withdrawing the whalebone for an inch or so, and then sliding on, simultaneously, both instruments, the catheter traverses the stricture and enters the bladder, and as I remove the stylet-plug, the urine flows. I shall now withdraw the catheter, and having thus demonstrated the feasibility of penetrating this apparently impermeable stricture, I trust to be able to dilate the passage to its normal calibre by means of the ordinary flexible instruments. But as we are now bringing up a fresh topic for thought, and one which demands earnest consideration, I shall defer my remarks thereon until my next lecture.

* Since the above lecture has been placed in the printer's hands, a letter has been published by Dr. Gouley, in the New York *Medical Record*, of Dec. 15th, 1873, in which he claims that he is the inventor of tunneled urethral instruments.

CLINICAL CONTRIBUTIONS TO OPHTHALMOLOGY.

BY P. D. KEYSER, M. D.

Diphtheritic Conjunctivitis — Complete Recovery.

On Dec. 21st, 1871, Ida Zimmerman, one year old, was brought to my clinic at the Philadelphia Eye and Ear Infirmary, with a well developed case of diptheritic conjunctivitis. The lids were very much swollen, hard and tense, the conjunctiva covered with a grayish yellow membrane, of a smooth glistening appearance, thicker and more opaque in different parts. This membrane could with difficulty be torn off in flakes or shreds, leaving beneath a yellowish tissue through which oozed a little thin blood. The cornea of the right eye was slightly hazy, while that of the left was clear. The little patient was suffering much, appeared emaciated and debilitated. The mother said the child had not been well for some time, but that nothing was the matter with the eyes until the day previous to her coming to my clinic, when they became suddenly inflamed and greatly swollen. No other person in the house had sore eyes or any throat disease.

This most dangerous and destructive disease of the eye is almost unknown in this country; a few cases occur at times in England and France, but many in some of the northern parts of Germany, particularly in the city of Berlin, where I saw several cases in the clinic of the late Professor v. Graefe, during the winter of 1863 and '64. In this city I had not seen a case before this one, since which date I have treated many thousands of cases of eye diseases without meeting another one.

What was to be done here for this poor little creature? Under the circumstances

the prognosis was unfavorable. The great and most important thing in these cases is to get the swelling reduced, the circulation restored, the tissue softened and a purulent discharge to carry off with it the diphtheritic membrane.

To do this there are different theories of treatment by several writers of experience. Prof. v. Graefe used ice cold cloths applied continually to the eyes and touched the conjunctiva with aqua chlorinii. Drs. Wecker, Morren and Berlin recommend hot fomentations continually applied to hasten forward the second stage (that of softening and discharge), without anything in the eyes. All writers caution against the use of astringent lotions, as nitrate of silver and sulphate of zinc or copper in the first stage of the disease. At the same time also it is recommended by some to bring the patient under the influence of mercury as quickly as possible, if not in too feeble health, to accelerate the stage of vascularization and elimination of the fibrinous infiltration of the conjunctiva, while others have found that mercury does not produce an influence rapid enough in such cases, and advise against its use as being injurious.

Inclining to the theory of Wecker, Morren and Berlin, I ordered immediately and continually applications of cloths dipped in hot water to hasten the stage of vascularization, etc. At the same time, knowing that the chlorate of potassa was a sovereign remedy in the treatment of diphtheria of the throat, I touched the conjunctiva daily with a solution containing forty grains of that salt to an ounce of water, and dropped in the eyes hourly a collyrium of a twenty grain solution of the same. Internally was given the elixir of calisaya and pyrophosphate of iron as a tonic.

Under this treatment the little patient did astonishingly well. The lids soon began to soften, the membrane came off, and the conjunctiva resumed a bright red color, but no purulent discharge of any account took place. The warm fomentations were now discontinued. Fearing a relapse on the use of astringents, the above collyrium was continued, gradually reducing its strength. The whole disease passed off without any purulent discharge or other treatment, leaving the eyes in a perfectly healthy condition excepting the cornea of the right eye, which was slightly clouded. This soon cleared up.

This case is interesting.—

1st. From its rarity in this city and country.

2d. From its successful termination under so simple a treatment, and without purulent discharge.

3d. From the use of a remedy not mentioned nor recommended by any of the writers upon the subject as far as I can learn.

In relation to the treatment, I am of the opinion that the hot fomentations is the proper one, as it without doubt softens the tissue of the lids and renews the circulation in the blood vessels, which has been retarded or stopped by the pressure from the greatly swollen lids. By so doing the elimination of the fibrinous infiltration is accelerated, and the cornea as well relieved. The chlorate of potash acted upon the mucous membrane and tissues of the conjunctiva the same as it does on that of the throat.

Entropium with Great Incurvature of the Cartilages, Cured by Removal of the Cartilages of both Upper and Lower Lids.

Mrs. B., æt. 43, came to my clinic at the Wills' Ophthalmic Hospital, Philadelphia, December 3d, 1872, with one of the most marked cases of Entropium, with very great incurvature of the cartilages of the upper and lower lids of the left eye, and the upper of the right one. The lids were curled in on themselves so that the cartilages were almost doubled. It was with difficulty that the edges could be drawn out. The ciliæ were pretty well preserved. The cornea of each eye was covered by a vascular pannus.

Knowing that in such a severe case the removal of a fold of skin, and slitting the lid as recommended by Arlt, v. Graefe or Jæsch, or the removal of a wedge-shaped piece of the cartilage, according to Streatfield or Snellen, would not give the necessary relief, I proposed to remove the whole of the cartilages as recommended by Pope, in the *Archives for Ophthalmology and Otology*, Part I. Vol. 1.

For that purpose I admitted her as a house patient in the hospital, December 14th, 1872. The same day I operated as follows: the patient being thoroughly under the influence of ether, an incision was made along the free margin of the lid between the cartilage and the orbicularus muscle, close on, in reality almost shaving the cartilage, and back or up along the cartilage to its attachment with the levater muscle. The cartilage being thus well exposed was removed by grasping it with rat-toothed forceps, and snipping it off in pieces with the scissors. In this way the upper cartilages were all removed excepting a small line along the upper rim just at its point of muscular attachment. This remaining rim was dissected up for some distance from the conjunctiva. The posterior flap came down well, and to keep it in its proper position with the anterior one, the two ends of a silk suture were passed through both flaps of the lid from the inner to the outer surface, and tied together. No sutures were applied to the edges of the wound, they being allowed to adhere and cicatrize naturally, which occurred by first intention.

In making the incision along the edge of the lower lid it was carried between the cartilage and conjunctiva, and the whole of the cartilage removed. Here three sutures were applied to the edges of the wound.

After the operations the ciliæ stood in their proper positions. Cold wet cloths were applied over the lids to control inflammation. On the second day all the sutures were removed. There was great chemosis the next day after the operation, but it soon

began to recede, and the healing process was both rapid and favorable.

The lids kept their position perfectly, and the corneæ cleared up remarkably. On being discharged she went home alone, the first time for over a year that she had gone out without assistance.

It will be seen that I made the incisions in the upper lids different from Dr. Pope's, he making his between the cartilage and conjunctiva, while mine were made anterior to the cartilage. This was done for more convenience and ease in cutting the flaps and greater facility in removing the cartilages.

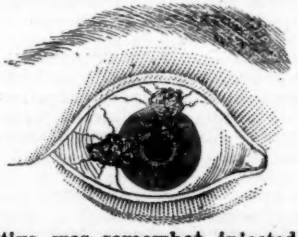
Great care must be taken in removing the cartilage, that the conjunctiva be not cut through, because cicatrices therein will cause more shrinkage and contraction.

The removal of the cartilage from the lid in this case was imperatively necessary, as the curvature was so great that the operations recommended for the removal of such defects would have been of no effect.

Removal of Two Cancroidal Tumors from the Surface of an Eye.

Mr. E. C., of Bradford county, Pa., æt. 59, noticed, four years ago, an inflamed and tender spot on the outer corneal border of the right eye. It has continued to grow in breadth and prominence, and at times is very painful. About a year ago another such spot appeared on the upper border of the cornea, and between the two he has suffered at times considerable pain and trouble. Different washes that he has used have given no relief, so that he was sent to me for treatment, June 18th, 1873.

On examining the eye I found two reddish tumors of different sizes on the eyeball, the larger lying on the outer sclero-corneal border, extending 3 m.m. over the edge of the cornea, and 4 m.m. back on the sclerotica, and having a width or breadth of not quite 5 m.m. The other was on the upper border extending only 1 m.m. over the cornea, and 3 m.m. back on the sclerotic, the width about the same measurement, so that it was nearly round. The neighboring



conjunctiva was somewhat injected, and three or four large vessels extended to each tumor. Both were firmly attached to the cornea and sclerotica underneath them, and were very sensitive to the touch. Both had the appearance of cancroids. The vision of the eye was $\frac{20}{xx}$. Presbyopia $\frac{1}{20}$.

As long as the sight of the eye was good I could do nothing but advise removal of the tumors by operation.

He consented to the removal of the larger one at first, which was done the following day.

The patient being well narcotized, the tumor was cut off close to the surface of the cornea and sclerotica, cutting into both of the latter a little to remove as much as possible from the base. After removal it was plainly seen that the diseased part extended deeply into the tissue of the sclerotica and cornea. The conjunctiva was cut out around, and the edges brought together over the exposed sclerotica by two sutures. A firm compress bandage was applied until the next day, when the sutures were removed, and a collyruim of sulphite of soda, three grs. to the ℥j, ordered to be dropped in the eye daily.

The eye healed remarkably well; the patient returning home the week after.

August 1st following he returned to this city to have the upper tumor removed, as it had given him pain and appeared to have increased since the previous operation. The operation was performed in the same manner as in the previous one, except that the patient was not narcotized, he preferring not to be this time.

The tumor first operated on had given him no trouble since and looked remarkably well. There was no appearance of its returning. By microscopic examination both tumors were found to be of cancroid formation. In this case the patient was given an unfavorable prognosis as to a permanent cure, but as long as the sight remained good in the eye, the removal of the cancroid growths at once, if they should reappear, was advised; if the sight should be lost the eye-ball should be enucleated immediately.

It is now five months since the last operation, and he writes me that the eye is doing well, neither tumor having returned, although the vision in the eye is not so perfect.

Cancroid tumors on the cornea are rather rare, and being of a malignant character their return may be expected, but in what time it is impossible to say. In the *Klinische Monatsblatter fur Augenheilkunde*, vol. vii, 1869, I reported a case where I removed a cancroid tumor from the sclero-corneal border of the eye of a gentleman in this city, 69 years old, which had not returned at that time, two years after the operation.

Removal of Large Foreign Bodies from the Eyeball.

Michael C., æt. 32, machinist, of Wilmington, Del., came to my clinic at the Philadelphia Eye and Ear Infirmary, March 7th, 1872, with the right eye ball inflamed, swollen, much disorganized and very painful, and with the report that three days previously he had received an injury from a piece of iron bolt flying against the eye. Upon lifting the lid a large incision across the cornea and outer side of the sclerotica was seen, with the edge of something black protruding. With a probe it was found to be hard and metallic. Taking this for the piece of

iron it was grasped by the forceps and drawn out. It was a piece from the head of a bolt chipped off by the hammer in riveting. It measured 11 m.m. long, 10 m.m. wide and 3 m.m. thick, weighing 19½ grains.

W. H. Y., æt. 50, machinist, of Philadelphia, came to my clinic at the Wills' Ophthalmic Hospital, March 4, 1873, with the left eye much swollen and inflamed. On the upper lid there was an incision extending from the edge up about one-half of an inch, with two sutures therein to bring the edges of the wound together. The history of the case was, that the day before a piece of iron had flown and cut his eye. He went immediately to a neighboring physician, who saw nothing but the cut through the lid and put the sutures in. He was the next day advised by his friends to come to this hospital.

On lifting the lid an incision through the cornea and inner side of the sclerotica was seen with the wound in the latter gaping. Taking a probe to see how far the wound extended, I felt a hard substance. Introducing a pair of forceps, I grasped and drew out from the inside of the ball a piece of iron measuring 21 m.m. long, 10½ m.m. wide and 3½ m.m. thick at the top, while the lower edge was tapering and as sharp almost as a razor. Its weight was 20 grains. Instant removal of the ball was advised, for fear of sympathetic trouble in the other eye, but the patient would not consent thereto and left the hospital.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

ERSKINE MASON, M. D., PRESIDENT.

Stated Meeting, Nov. 26th.

Fibrinous Casts of Bronchi, but no Fibrinous Bronchitis.

Dr. Austin Flint, Sr., read the history of a case at length, and presented some specimens of bronchial casts. The patient was a medical man living in Canada. He had been in New York some time before, and, when here, had obtained the opinions of Drs. Clark and Flint. They both coincided in the view that he had phthisis. Since his visit to the city the case progressed much the same as usual, with the exception of attacks of hemorrhage from the lungs. That which caused him great alarm, and was the occasion of sending the present history of the case, was the fact that in some paroxysms of coughing he spat up quite an amount of casts of the smaller bronchi, and had, on this account, made the diagnosis of fibrinous bronchitis. He had noticed that shortly before the coughing up of casts took place, he had an attack of hemorrhage. Dr. Flint submitted the casts to Dr. E. G. Janeway for microscopic examination. Dr. Janeway reported that the casts under the microscope exhibit the fibrillation of fibrine, enclosing the red corpuscles. On the outer surface of the casts there are no pus corpuscles detected, and the inference is, that from the absence of pus corpuscles, they are not the product of inflammation, but the result of coagulation of the blood extravasated into the bronchi.

Softening of Brain from Emboli—Thrombosis of Heart.

Dr. E. G. Janeway presented a brain softened on the left side for about two-thirds of its anterior portion. The left middle cerebral artery showed the presence of an embolus, demonstrating the cause of the softening. The patient was an old lady who was attacked with paralysis on the right side, and lived two days. On examination of the heart no signs of disease could be detected. At the post-mortem, on first inspection, the heart was thought to be healthy, but on a more minute examination a small thrombus, not much larger than a cherry-pit, was detected. A portion of this thrombus was detached, and on following up the examination it was found lodged in the middle cerebral artery.

Dr. Janeway said that he had another similar case, four years ago, at Charity Hospital, but in that case there was no loss of consciousness. The case was important in demonstrating the fact that, even if we have no signs of cardiac disease by the stethoscope, we cannot exclude embolism.

Ossification of the Muscles.

Dr. ——— asked leave of the Society to present some photographs which he had collected whilst in Europe. The first collection showed different views of a specimen in the Dublin Museum. The patient was aged 30, and died in 1871. When he was five years old he had been horned by a bull, but no diagnosis of the true state of the case had been made previous to the autopsy.

The pectoralis muscle was found to have undergone ossification, true bone cells being developed.

Extra Rib.

The patient was aged 70, and in the gluteus maximus muscle an extra rib was developed, having the characteristic cells of true bone. No ossification of the muscles was detected.

Tattooed Greek.

The photograph showed a Greek who made the round of the European clinics exhibiting himself for a livelihood. When he presented himself to Hebra's clinic, Hebra, with true American enterprise, refused to have anything to do with him unless he allowed himself to be photographed. This he consented to. The history of this man was that he had been a pirate, and when his crew were captured they were tattooed from the toes upward. The method pursued was to subject the prisoners for a certain number of

hours each day to a succession of stabs with a small instrument, and in this way was recorded their crime, by peculiar characters. Some of the crew died in the operation.

In answer to a question from Dr. Finnel, the Dr. said there was no record in the history of the case that the articulations were ossified.

The President said that he had seen only one case of ossification of the muscles, and this he had presented to the Society. In the case referred to, one side of the diaphragm was found to have developed true bone.

Necrosis.

A specimen of necrosed bone was presented, and the question asked, How long should we wait before operating? The President was of the opinion that where the sequestrium was loose it should be removed, except where there was danger of exhaustion from the discharge, and in those cases we should not wait.

EDITORIAL DEPARTMENT.

PERISCOPE.

Sanitary Improvements.

Some points in sanitary improvements are well set forth in an address of Mr. W. H. CORFIELD, published in the *British Medical Journal.*

"Knowledge is power;" and, as we come to know more of the conditions which favor the spread of diseases, as we do daily, it is our own fault if we neglect to use the power which that knowledge gives us. There are two conditions of insalubrity which are pre-eminent. I hardly know which to place first. The one is overcrowding, and the other the accumulation of refuse matters in and about dwellings. These conditions were those which especially favored the spread of the fearful plagues of the Middle Ages; as a result of overcrowding, we have a deteriorated condition of the air, from the diminution of the amount of its most essential constituent, oxygen; and, worse still, we have it rendered foul by the exhalation of decomposing organic matters from the bodies of the persons breathing it. Such a state of air is especially favorable to the multiplication of the poisons of diseases; such a state of the air is also brought about by the non-removal of refuse matters from the vicinity of habitations. Dr. Laycock tells us that the plague in York, in each of its visitations, and also the cholera, broke out in the same abominably filthy place; and in cholera epidemics it has been repeatedly noticed that those parts of towns which are most filthy and most overcrowded always suffer worst. But the danger is not only from special epidemic diseases. Such insanitary conditions induce a lowered vitality of the inhabitants, who become more prone to attacks of diseases of all sorts; and then we have sickness, inability to work, and consequent inability to earn bread and to pay rents, and so the evil recoils from the tenants upon the landlords. One witness says, "Rent is the best got from healthy houses." Another, "Sickness at all times forms an excuse for the poorer part not paying their rent, and a reasonable excuse." I consider that one of the most important conclusions that the study of sanitary science has forced upon us lately is the conclusion that the immediate removal of refuse matters is one of the first necessities of the healthy existence of a community. There are those who would have you believe that refuse matters may be rendered innocuous in one way or another, so that they may be kept with safety in and near to houses. Do not listen to them; the principle is wrong, radically wrong. Depend upon it that the true method is to get rid of such matters at once, and in the simplest possible way, and that is the cheapest plan in the end.

Eustachian Obstruction in Children.

Mr. DALBY says, in his late work on the Ear, that this is a common affection, the mucous membrane of the nares, fauces, and Eustachian tube being affected together. The mucous membrane throughout is thickened and tumid, and secretion from the surface is much more abundant than it should be. The tonsils are generally enlarged, and sometimes to a very considerable extent. Of such children it is hardly necessary to ask what is the matter. The stupid vacant look as they advance with open mouth, and their generally flabby appearance proclaim their disease. They snore loudly in their sleep, and the deafness is generally severe. The tympanic membrane will be seen to be drawn in, but to retain its proper translucency; as a rule there is no tinnitus. It is surprising for what a length of time this state of things will go on with children and yet permit of complete recovery; while, on the other hand, in the case of adults, when the Eustachian tube is obstructed from a relaxed condition of the mucous membrane, the tympanum will generally become involved if they are not attended to soon after the deafness is noticed. The treatment to be adopted for these young patients is to apply astringent solutions locally to the fauces, tonic medicines (preparations of iron and the mineral acids), plenty of fresh air and

exercise, together with the ordinary rational means of improving the health. The tonsils, however much they may be enlarged, cannot operate mechanically by closing the Eustachian tube, but they may interfere with respiration, and, by presenting a large surface of thickened mucous membrane, assist in keeping up the unhealthy condition. These considerations should weigh in deciding whether they should be removed or not. Of all things it is important that the Eustachian tube should be regularly opened; if this is not done all else will be useless. To accomplish this, Politzer's is the best method. Measured by the good it has done, it would be difficult to over-value this proceeding in treating diseases of the middle ear; for before this plan was suggested, a large number of cases, especially children and timid women, on whom catheterization was not practicable, went unrelieved.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

—Mr. Horace J. Smith, of this city, has summed up his extensive personal knowledge of Florida in a series of notes in *The Press* of this city. Those contemplating a visit to that genial land will do well to secure a copy.

—*Regulations of the United States Marine Hospital Service* for the Collection of Hospital dues and the application of the fund resulting therefrom to the relief of sick and disabled seamen. Washington, Government Printing Office, 1873.

—*First Annual Report of the Supervising Surgeon* of the Marine Hospital Service of the United States, for the year 1872. Washington, 1872.

The above documents will be perused with interest by all who would acquaint themselves with the history and conditions of the Bureau of Medicine and Surgery of the United States Navy.

—Dr. Henry J. Bigelow, of Boston, has published a letter to the *British Medical Journal* on the recent alleged death from ether in England. Particulars of this occurrence will be found in our *Half-Yearly Compendium*, January, 1874.

BOOK NOTICES.

A Handbook of the Theory and Practice of Medicine. By Frederick T. Roberts, M. D., B. Sc., M. R. C. P., Assistant Teacher of Clinical Medicine at University College Hospital, etc. 1 vol., 8vo, cloth, pp. 1052. Lindsay & Blakiston, 1874.

A new work on Practice has always something fresh and attractive about it, even if it does not contain much that is positively new. The one before us is not intended as an exhaustive treatise, but as the author states in the preface, "is mainly for the use of students," and therefore does not aim to discuss the debated problems of etiology and pathology of disease. Nevertheless, it is of much higher order than the usual compilations and abstracts placed in the hands of students. It embraces many suggestions and hints from a carefully compared hospital experience, and though the title calls it a "handbook," an octavo of over a thousand pages is something much more than is usually embraced under that rubric.

The style is clear and concise, and the author has adopted a plan in collocating clinical phenomena which is very judicious. Previous to describing the single diseases of the organs he gives an outline of those clinical phenomena which indicate a morbid condition of each, and the modes of physical examination by which the lesions are recognized.

On the other hand, the author certainly errs in his constant endeavor to generalize the precepts of treatment, especially when we consider that his work is intended for students. He hardly ever gives a prescription, and the doses and their frequency even of single articles recommended are either not stated at all, or often in loose and vague terms.

The book is divided into a number of short chapters, ninety-five in all, going over the whole range of ordinary diseases. The articles manifest a careful reading of cotemporary medical literature, and the opinions of most of the leading English therapeutists are well represented. Less acquaintance is indicated with Continental or American sources, and the references generally to other works are meagre in the extreme, always a serious mistake in a work intended to be placed in the hands of a student, as thus one of the best means of familiarizing him with judical literature is neglected.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JAN. 10, 1874.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

ANTHROPOMOMETRY.

To take the measure of man; what an undertaking is this! Not in the way of a tailor, to fit him with disguises and to conceal his defects, but to know him as he is, "infinite in faculties, the beauty of the world, the paragon of animals;" to gauge his possibilities, to test his powers, to weigh his abilities; this, indeed, is a noble science.

Two hundred years ago this daring effort was made by a physician, a German, "body physician to the Elector of Brandenberg," by name JOHN SIGISMUND ELSHOTZ. He called his book *Anthropometria*, and in it, having set forth the proportion of the various parts of the human body one to another, and displayed the harmony which reigns among the members, he soared above the earthly form, and sought to discover its relation to the systems of the world, and the course of the stars in boundless space; the microcosm was to him the tangible representative of the macrocosm, and he foresaw, blindly and vaguely, that the study of the corporeal functions was ultimately to be our guide into the regions of the ultra-corporeal, the untangible, the psychological.

With the same title, a few years ago, the veteran statistician, QUETELET, published a book, *Anthropométrie, ou mesure des différentes facultés de l'homme, Bruxelles*, 1870, in which he sums up the results of his many years' profound studies on man and his surroundings. Confining himself to the letter of strict science, he does not indulge in any of the flights of his predecessor; indeed it is probable that he never heard of his work; but by a singular chance, not only adopts the same title, but carries out a very similar line of thought.

He traces the relationship of character, temperament, modes of thought, the whole moral disposition of the man to the circumstances which surround him. In brief and pointed sentences he sums up the statistical results of his long observations. We quote a few.

"Woman is less than man because she comes into the world of smaller stature, her yearly growth is less, and it ceases two years before his."

"One of the commonest signs of insufficient nutrition is the undue weight of the lower portion of the trunk; especially is this observed where quantity of food has to make up for quality."

"As age increases the bodily symmetry diminishes. One part of the body increases at the expense of the other. This is also true of the ill-nourished classes and races of men."

"The physiognomy of the man of the world aids his speech; it is like the orchestra to the singer, expressing a thousand modifications of mind, which language cannot give."

"Man's stature, his weight, his muscular power, his swiftness, develop themselves in no fortuitous manner, but in accordance with fixed laws; and the same is true of mental and moral nature."

Such are a few of the many facts and considerations embodied in this work of the great statistician. It is one of the contribu-

tions to a knowledge of mankind which deserves close and earnest study. The solution of the problem of destiny must come from a correct understanding of ourselves. The psychologist who would "build for aye" must erect his structure on the solid ground of physiological studies, verified by repeated observations, and reduced to the unerring guide of a formal mathematical law. As a part of the vast preparation which such a student must take upon himself, this study of the external forms of man is by no means the least important.

ACCIDENTS TO THE FETUS.

The reputation of an accoucheur is sometimes gravely implicated by the neonatus appearing in the world with one or more bones broken, or with an amputated limb. Few midwives and fewer mothers know that fractures and amputations may take place in the womb. The thesis of Professor PAJOT, of the Paris *Ecole de Medecine*, when appointed Professor *agregé*, was upon this subject, and is a masterly production.

Quite recently, in England, at the meeting of a society of medical men, Mr. LAWSON TAIT exhibited an interesting illustration of the method of Amputation of Limbs in a fetus of the eleventh or twelfth week. The cord was twisted round the limbs in a variety of ways, but practically under and round the right leg. The tissues were so eroded that the bones were affected, and the limb would undoubtedly have been amputated below the knee had it remained *in utero* for some time longer.

That accidents to the fetus from the hands and instruments of the accoucheur have also occurred only too frequently has lately been shown by Dr. CIÉSLEWICZ, who, in an inaugural dissertation, has collected from literature and from the records of the hospital at Halle forty cases of fracture, fissure, contusions of nerves, laceration of muscles, separation of epiphyses, etc., occurring to the fetus as the result of interference in labor. Among the cases are two of rupture of the longitudinal sinus. In the first, the delivery was effected easily by the forceps; in the other, the child was born after a labor of twenty-four hours' duration, without instrumental aid. In both cases the middle and posterior cranial fossæ were covered with a membranous layer of blood, which partly covered also the hemispheres. The hemorrhage was traced to openings in the superior longitudinal sinus. In one, there was a single small aperture; while in the other there were several of various sizes.

His article appears in the *Centralblatt fur Medecinischen Wissenschaften*, for July 12, 1873, and is an important contribution to the question of the medico-legal responsibilities of obstetricians.

NOTES AND COMMENTS.

Therapeutical Notes.

SNUFF FOR FACIAL NEURALGIA.

Dr. Scrifligano recommends:—

℞ Quin. citrat. ℥j.
Strong tobacco snuff, ℥iss.

Sig. To be used as required in neuralgia.

SALINE CATHARTICS.

Dr. Adolph W. Miller, *Amer. Jour. Pharmacy*, July, 1873, considers the effervescing solution of tartrate of sodium an improvement on the popular citrate of magnesia, as being more agreeable to the taste, more reliable and efficient in its action as a purgative, with less tendency to tenesmus; its forming a more permanent solution; and its cheapness.

METTAUER'S MIXTURE.

This valuable mixture should be prepared as follows:—

℞ Nitric acid,
Water,
Muriatic acid, āā ℥j.

The constituents are to be united in the order of their numbers. The doses are from seven to ten drops, largely diluted with sugared water, say not less than four ounces, to be taken an hour before meals. After each dose Dr. Mettauer advises that the mouth should be washed with an antacid mouth-water.

LIME-WATER IN STINGS OF BEES.

M. Dauverne states, as the result of numerous trials, that the pain and suffering caused by these may be immediately assuaged by the application of lime-water; a remedy which may always be prepared at once by the aid of a little quicklime and a glass of water.

ANTIDOTE TO PHENIC ACID POISONING.

As this acid poisons by its direct effect, Mr. Haussman has found that the use of alkaline earths constitutes the best antidote. He found those containing lime the best, and proposed the use of saccharate of lime as the best remedy, prepared by dissolving sixteen parts of sugar in forty of distilled water; add five parts of caustic lime, digest for three days with frequent agitation, then filter and dry. The product is saccharate of lime, which dissolves easily in water, with which it may be administered.

An Old Cancer Cure Revived.

Dr. BREWER writes to a recent number of the *Medical Times*, that a patient of his was given by a friend, the following recipe:—

R.	Chlor. zinci,	gr. viij.
	Blood root,	gr. v.
	Starch,	gr. viij.

Make into a paste with honey.

"The cancer was at this time nearly as large as a hen's egg. After applying the paste for two weeks, he called to see me. I found it had diminished to half its former size. I advised him by all means to continue it. After a month's use of the remedy the cancer was not larger than a dime. He continued to use it until the disease was cured."

This is the "cancer salve" of old Dr. FELL, famous some forty years ago, but long since condemned to neglect.

Yellow Fever and Electricity.

A correspondent writing from Fayette, Mississippi, to the *Scientific American*, gives a curious succession of observed facts, which may lead to a clearer understanding of the conditions under which yellow fever is generated, and as a consequence to new methods of preventing or curing the disease. He says that prior to the breaking out of the fever, and during the prevalence of the epidemic, the rains are unaccompanied by lightning and thunder, which in other seasons are common. There was only one peal of thunder heard in his county between the middle of September and the latter part of October. In 1855, at a school celebration, a sufficient amount of electricity could not be generated to perform the simplest experiment with the electrical apparatus, and shortly thereafter the yellow fever broke out and raged terribly. The writer draws the conclusion from these facts, that the prevalence of yellow fever is dependent upon the electrical condition of the atmosphere, and suggests that science may be made to supply the necessary conditions to public health.

Rats as Guardians of Public Health.

The use of rats was one of those mysteries never clear to us before reading the address on Sanitary Science of Mr. Wm. Eassie, in a late number of the *British Medical Journal*. He says:—

"I have just alluded to rats, and might here add that these animals are the most reliable harbingers of sewer-gas eruptions. As a rule, wherever there is a bad drain smell, there exists an old brick barrel-drain or rat-run; very often these are also in conjunction with the modern sewer. I have before me a piece of cast-lead pipe, nearly a quarter of an inch in thickness, which had been gnawed by these vermin in order to admit them, by way of the sink-waste, into a house. They managed to make a hole through it, and on it are plainly discernible hundreds of their teeth marks.

"Speaking of rats, it does not invariably follow, because a rat is seen about a house that it is a sewer-rat. For instance, on taking up the flags in my house some five nests were discovered and one rat despatched; it proved to be, however, a house-rat, or more strictly speaking, one of the barn-yard species. The latter have more or less pointed heads, whereas the head of the sewer-rat is fuller and rounder, and the neck thick and clumsy."

The Cause of Hay Asthma.

Dr. BLACKLEY has lately written a book on hay asthma. After many experiments he became convinced, like Dr. Phœbus, Professor Trousseau, and others, that common dust was a cause of the disease.

A violent attack of the complaint having been induced by the dust raised by a carriage in a lane along which Dr. Blackley was passing, he collected some of the dust, and examining it under the microscope discovered in it the pollen grains of various

grasses. Then followed a series of experiments to prove how far pollen grains really were the cause of the disease. Trials were made with pollen grains from various grasses applied to the nasal passages, the result being to develop all the symptoms of hay asthma with more or less intensity. One-fiftieth of a grain of the pollen of *Alopecurus pratensis* produced a severe coryza, with such tumefaction of the mucous membrane of one nostril that no air could be drawn through in the attempt at inspiration. The fresh pollen of the oats (*Arena sativa*) produced more marked coryza than the same in its dry state.

A New Way of Gargling.

At a recent meeting of the Clinical Society of London, Dr. GUINIER showed, by means of the laryngoscope, that it was practicable to allow any fluid to pass beyond the epiglottis, and to remain between that organ and the vocal cords during the time occupied by a long expiration, or as long as the patient can "hold his breath." Dr. GUINIER used water in his demonstration; the vocal cords were plainly seen through the fluid, and the operator also ejected the latter through the nose. Although the sensibility of the soft palate and parts adjacent is known to be, comparatively speaking, inconsiderable, a general impression appeared to exist among the members that much practice would be required on the part of the patient to bring about so successful a result as that achieved in this case by Dr. GUINIER. The following rules must be observed and practiced in the operation: (1) Raise the head slightly, (2) open the mouth to a moderate extent, (3), advance the chin and lower the jaw, (4) sound, or make an intention of sounding the double vowel œ. The author remarks that, as a consequence of these four movements carried on simultaneously, the pharynx is widened, the soft palate and uvula are raised, the base of the tongue is depressed, and the liquid thus flows by virtue of its own weight into the laryngeal cavity.

Body and Brain.

The *London Medical Record* gives the views of Dr. SPONHOLZ on the influence of bodily affections on mental disease. PINEL, ESQUIROL, and GEORGET vindicate the critical power of sweating, diarrhœa, discharges from the nose, vagina, etc., copious flowing of tears, boils and herpetic eruptions, even tuberculosis itself; but GRIESINGER did not attribute much influence in this direction to such crises, and SPONHOLZ, from an experience of more than 2000 insane persons, is of the same opinion. The brain is often relieved by an attack of epistaxis, the bowels by a renewed flow of blood from hemorrhoids, but he can only recall two cases where a crisis happened by the skin; one was a puerperal mania, the other a mania occurring in the course of pneumonia. As a rule, insane persons encounter bodily diseases less than those of sound mind, for, on the one hand, they are, on account of their lower sensibility and receptiveness, less subjected to evil influences, and, again, they are not so exposed to contagious fevers, accidents, etc. He quotes instances where epilepsy, typhus, erysipelas, pneumonia, pleurisy, and tuberculosis supervened on the insane condition, but without in any way relieving it.

Abortive Treatment of Boils.

The *Cincinnati Lancet and Observer* has a note from Dr. C. B. HALL, stating that the following, applied to boils, with a camel-hair pencil or feather, gives great relief in a very short time. The inflamed surface, and a little beyond all around, should be painted with the medicine every fifteen minutes, or as fast as it dries, till a good thick coating covers the part. The throbbing, tensive pain, and the intense tenderness will be promptly relieved; the redness will subside; the smooth, shining integument will shrink and become wrinkled, and comfort will succeed torment. If the boil is in the first stage, it will disappear without sloughing. If slough has already formed, it will be quickly separated, and the cure soon complete:

℞.—Tr. arnica flowers, ʒi;
Tannic acid, ʒss;
Gum acacia pulv., ʒss. M.

It should be used as soon as prepared.

Fatal Tobacco Poisoning.

The English journals report a case of this kind in a boy on a government vessel. He had been frequently punished for chewing tobacco, and had often presented himself complaining of debility, giddiness, and faintness, which were traced to the poisonous influence of tobacco. On two occasions he had swallowed pieces of tobacco to prevent detection. On the night of his death he

went to his hammock telling his messmates that he felt sick. About ten minutes afterwards the occupant of the next hammock to his heard him breathing stertorously, and immediately tried to awake him. Finding he could not, he was conveyed to the sick bay, and at once seen by a medical officer, who found him moribund. The pupils were insensible to the influence of light; and the pulse, which was scarcely perceptible, in three minutes ceased to beat. On *post-mortem* examination of the body, two small pieces of tobacco were found in the stomach.

Professional Confidence.

We see that in Boston, in the Britton case, Drs. Arnold and Ordway were summoned before the Grand Jury, and refused to testify, on the ground that they were not obliged by law to divulge the secrets which they had learned during professional attendance. The District Attorney took a different view, and, to settle the point at once, had them brought before Judge Aldrich in the Superior Court. He ruled that they must testify.

This decision was precisely in accordance with the view of this important point which we gave in the REPORTER, Vol. XXIX, page 249.

Comments on Carbolic Acid.

Prof. COCHRAN, of the Alabama Medical College, writes a long letter to the Mobile *Register*, in which the efficacy of carbolic acid is questioned, nay, more, condemned, as being conducive to the spread of disease rather than its suppression. The professor says, after watching the effects of its use in the hospitals of Mobile and New Orleans:—

Not only do the facts and examples adduced in proof fail to establish the efficacy of carbolic acid as a prophylactic against yellow fever, but without any violence, and without any sophistical interpretation, they go very far toward the establishment of the suspicion that its influence has been the very reverse of prophylactic; that if it has not contributed to increase the disease, it has at least added to its malignity and increased the mortality to a fearful ratio.

Action of Violet Light.

We see in late foreign journals that M. RUSPINI, of Rome, announces that violet light has an extraordinary action on animal and vegetable life. Plants cultivated in conservatories made of violet glass grow with remarkable rapidity, and cattle kept in stables in which the windows are of violet glass increase rapidly in size and vigor. He proposes to apply these properties to man, and to use windows of violet glass in hospitals and schools for children, in order to assist the development of the children. He suggests that experiments should be made on a large scale with silk-worms, and if the result be favorable, the method can be generally used in agriculture and hygiene.

This fact was observed in this city several years ago, and described in the *Journal of the Franklin Institute.*

The Russian Red Cross Society.

The advantage to a community of possessing a charitable organization skilled in good work, has just been exemplified in Russia, where a Committee of the Red Cross Society is rendering signal service at Samara in relieving the victims to the famine. The Society is widely spread all over Russia. At Samara the Committee is composed of ladies, and their inquiries into the origin of the famine have resulted in the conclusion that, Samara being an exclusively agricultural province, the peasants have no means of covering the losses arising from bad harvests.

Campaigning in Ashantee.

The correspondent of the *Lancet* writes:—

The day's march was a specimen of what has to be encountered in Africa. After quitting Abracrampa, the column entered a narrow road full of obstructions, in many parts swampy. Through the marshes the men had to wade knee-deep. In *medias res* down came a tropical thunder-shower, lasting for half an hour, and thoroughly drenching every one. Such are the pleasures of an African bye-path. These marches are most fatiguing, and only those with a good pair of legs and sound constitution have any prospect of lasting out the campaign.

The Character of Nelaton.

Professor Diday says, in a biographical sketch of the great surgeon:—

"What strikes me and what I wish to note is that Nélaton always continued such as we had known him, meriting his celebrity, while avoiding to proclaim it. Just as his pupils felt themselves attracted by his words, without show or pretension, to him who in searching with them taught them the

art of finding, so also were his patients seduced by that half-smile of affectionate assurance and visible sincerity which seemed to say to them far better than in phrases, 'I have searched out your disease, and am able to cure it. Why tremble? Do I look uneasy?' This man, so thoroughly true, and so indulgent for all and everything, was unjust toward himself. His good fortune astonished him. 'It seems to me that I am in a dream,' said he to me one day, in 1863, when showing me the sumptuous *salons* of his hotel. 'I am quite ashamed of the money I gain,' he has been many times heard to repeat."

Alcoholic Epilepsy.

On this affection Dr. Dagonet remarks:—

"One of the gravest results of chronic alcoholism is alcoholic epilepsy. This is to be distinguished from the epileptiform attacks which occur in acute alcoholism. It is a defined disease, not incurable, but frequently ceasing when the cause is removed if it is not of very long duration. Frequently the attacks are followed by an impairment of speech, as in general paralysis. It is distinguished from ordinary epilepsy by the presence of the signs of chronic alcoholism, tremors of the facial and other muscles, pains and contractions of the limbs, and disturbance of vision.

The Prevention of Hydrophobia.

To prevent hydrophobia, Dr. Butter recommends that the wound should be washed as soon as possible with hot water; the whole of its surface should next be blackened with India ink, and this washed out till not a trace of color remains. This process is to be repeated twice, and then lunar caustic applied over the whole surface of the wound. The application is to be repeated as often as the wound begins to heal, so as to keep it open for two months, and the system is to be kept slightly under the influence of mercury for the same period.

Professor Huxley on Medical Education.

In his capacity of Lord Rector of the University of Aberdeen, Professor Huxley recommends that German or French be substituted for Greek, in the examinations for the medical degree, and that some study of botany and zoölogy shall precede the study of the medical sciences.

The Insane Neurosis.

Dr. Stewart thinks insufficient attention is paid to the neurosis in mental disease. He remarks:—

"In every case of mental disease there has been a *predisposing* as well as an immediately exciting cause. But this fact is nearly always overlooked, and only one element in the causation taken notice of. The other, and by far the more important of the two for the psychologist, is seldom, if ever, given. It is of practical importance not only to know the proximate, or immediately exciting cause, but also what was the *fons et origo mali*. A valuable guide to treatment would thus be afforded, and it could easily be obtained by the physician who signs the medical certificate. For a few leading questions put to the patient's friends would suffice for the discovery of the more remote cause of the insanity, whether consanguinity of parents, or hereditary taint, or what."

A Useful Movement.

A Parisian correspondent of an English journal says:—

"A society of temperance, to restrain the use of spirits, has recently been founded here, and has begun by proposing a prize of 1500 francs for 1874, and 500 francs for 1875. The question for 1874 is thus stated:—Determine by the aid of chemical analysis, clinical observation, and experimentation the analyses and differences which, in the twofold respect of their composition and effects upon the organism, exist between spirits of wine and alcohol of all other origin sold in the commerce of drinks and liquors. The second question is simply to draw up, in good popular style, a code of advice to the public on the dangers of abuse of alcohol and the advantages of temperance.

Homœopathic Pilules.

The Practitioner reported some analyses of homœopathic pilules which did not contain *the least trace* of the drugs which they were asserted to be medicated with. The investigators were, however, set right by a homœopathic druggist:—

"He tells us, what we confess we did not know, that the pilules do not contain one-hundredth, one-ten-thousandth, and so on, of a grain of *the drug itself* (*e. g.* belladonna, or nux vomica), but are moistened each with one-hundredth, one-ten-thousandth, etc.,

of a drop of a mother tincture which itself contains ten per cent. of the drug. In our innocence we certainly had imagined that all 'first dilutions' contained one-hundredth part, and all 'second dilutions' one-ten-thousandth part, of the particular drug itself. Consequently we were not a little astonished to find, in the pilules of these dilutions, made by druggists of high respectability, no traces of the alkaloids, even by the finest chemical tests. It now appears more certain than ever that the whole of the supposed therapeutic effects, even of first and second dilution pilules, must be the work of the imagination. No one who is not a mere advocate will seriously pretend that a dose of one-ten-thousandth of a grain of belladonna, representing 000000·3 grain atropine, will produce any real physical effect on the organism. We are pleased to think that the effect of our published analysis has been to bring into prominence the monstrous character of the assumptions involved in the belief that any homœopathic pilules whatever can produce a true therapeutic effect. But it makes it more difficult than ever to imagine what can be the state of mind of those men who can calmly allege that the two-hundredth *centesimal dilution* of such a dose, a dose which already eludes the most subtle chemical analysis, is also truly effective upon the body."

Normal Ovariotomy.

Our readers will remember the case in which Dr. BATTEY, of Rome, Ga., removed, about a year ago, both ovaries from a young lady on account of painful menstruation. Dr. W. F. Westmoreland visited her in July of this year, and writes to the Atlanta *Medical and Surgical Journal*:—

"I found Miss J—— presenting all the evidences of the most perfect health; bright eyes, rosy cheeks, and an apparent vitality, which indicate just the reverse of mental and physical suffering. I was informed by the young lady and her aunt that for fifteen or sixteen years before the operation her sufferings were most intense, in fact greater than recorded by Dr. B. in his report of the case; that she never was entirely exempt from suffering. As the young lady expressed it, she felt that there was no future for her in this life, and that death would be a relief. For the last several months she has never suffered a pain. She has, however, had a flow from the womb resembling the menstrual flux, every two to four weeks, up to six weeks ago, since which time she has seen nothing.

Suffice it to say that Miss J—— is apparently, and by her statements, in the most perfect health; that from ninety to one hundred pounds in weight, she has increased to one hundred and thirty-five pounds, presenting all the appearances of a healthy lady of thirty years of age."

The Therapeutical Uses of Actæa Racemosa.

In the *Journal of Materia Medica*, Sept. 1873, there appears an article by Dr. D. COLVIN, which commences:—

"*Messrs. Editors Journal Materia Medica*:—In the March No. of your journal I find an article under the above head, taken from the MEDICAL AND SURGICAL REPORTER, which I trust every Physician who has not had an extensive experience in the use of the above agent will not only carefully preserve, but faithfully carry out the suggestions therein made.

I do not propose to take up time in dilating upon its use, except that I would not only fully corroborate the writer's experience in the treatment of rheumatism and chorea, but I would more urgently request its administration in tuberculosis, especially in those cases which are seen in malarious districts of country."

The article to which Dr. COLVIN refers will be found in the MEDICAL AND SURGICAL REPORTER, vol. xxviii, p. 109, by Dr. BAILEY.

The Doctor and the Debtor.

How different the reception a physician meets with when he hastens to respond to an urgent summons, and when he calls to present an over-due bill, is only too familiar to us, and was equally so to our predecessors. Enricus Cordus, who died A. D. 1535, doubtless told his own experience, as well as that of his apostolic succession in the healing art:—

"Tres medicus facies habet; unam quando rogatur,
Angelicam; mox est, cum juvat, ipse deus.
Post ubi curato, poscit sua prœmia, morbo,
Horridus apparet, terribilisque Sathan."

Which may be translated:—

"Three faces wears the doctor: when first sought,
An angel's, and a God's the cure half wrought;
But, when that cure complete, he seeks his fee,
The devil's then less terrible than he."

CORRESPONDENCE.

The Solution of Hydrate of Chloral.

EDS. MED. AND SURG. REPORTER:—

In the January number, 1872, the question is asked, "The length of time hydrate of chloral may be allowed to remain in solution in water or syrup?" Your answer is, "That chloral hydrate should not be prescribed in solution or mixture, excepting when it is to be used *immediately*," in italics, and you again say, "Never let it stand in solution." I have waited nearly two years, testing the administration of chloral. I use it often, and especially in obstetric practice, and I uniformly use it from a solution, regardless of the length of time made; have used it from a solution made six months, which was kept in a bottle with ground stopper, and can detect no difference in effect from that made at the moment of administration. I carry it in solution in water in my medical case at all times.

ROBERT G. ALLEN, M. D.
Washington, Ill., Dec., 1873.

Chloral in Asthma.

EDS. MED. AND SURG. REPORTER:—

In the issue of the 6th ult., in "Notes and Comments," it is stated that Dr. Theo. Williams, of London, has found chloral of great value in asthma. I trust the profession will not now hope to cure all cases of asthma with chloral. If it does there will be much bitter disappointment, and probably an increased number of funerals. No doubt the prescription was proper and scientific in Dr. Williams' cases, but in seventy-five per cent. of cases of asthma it would be unscientific and dangerous.

Respectfully yours,
CHARLES T. REBER, M. D.
Shelbyville, Ill.

NEWS AND MISCELLANY.

Case of Emotional Insanity.

A western paper has this item:—It is reported that a Green Bay, Wis., dentist became emotionally insane while repairing a front tooth for a pretty woman, and kissed her. She told her husband, and he went round the next day and borrowed $300 of the dentist—on long time.

Caution to Tea Drinkers.

Recently, at Highland, Iowa, the family of Mr. Kimball were poisoned by drinking tea containing arsenite of copper. The tea was taken from the bottom of the chest. Timely medical aid was all that saved the entire family from a sudden death.

Poison from Milk.

Dr. Benjamin Lee, of this city, is making on behalf of the County Medical Society a careful investigation of the relation of the milk supply to typhoid fever.

Personal.

—Dr. Hieronymus Beer, formerly Professor of Forensic Medicine in the University of Berlin, died on the 14th, at the age of seventy-six.

—Dr. E. H. Pentz, of Altoona, died Nov. 30th. For the past eighteen or twenty years he had been the physician to the County Almshouse; and at the time of his death he was the regularly appointed Surgeon to the N. C. Railway Company. He was also a member of the Board of U. S. Pension Examining Surgeons for the county.

QUERIES AND REPLIES.

Electro-Therapeutics.

Dr. W. T. M., of Tenn.—"Does disease of the mitral valves contra-indicate the use of electricity in the treatment of nervous affections?"

Reply.—Irritation of the sympathetic by the galvanic current decreases the number of pulsations, and when a strong current is applied to the vagi "respiration is immediately interfered with, and very seriously. The countenance becomes dusky, and appearances of asphyxia are presented." (Hamilton, *Clinical Electro-Therapeutics*, p. 41). The induced current presents similar though less marked effects. You should use electricity with caution where valvular disease is present.

Napheys' Therapeutics.

Dr. T. M. H., of Ohio, and others.—The *Modern Therapeutics* of Dr. Napheys is out of print. No new edition will be ready before next fall.

French Medical Journal.

Dr. D. W. B. of Pa.—In reply to your inquiry, What French Medical Journal we should recommend to a country practitioner? we name the *Bulletin de Therapeutique*, semi monthly, price $7.50, gold, as decidedly the best. We can obtain it for you.

MARRIAGES.

STRICKLER—TOWNSEND.—On the 3d of Dec., Dr. A. W. Strickler and Miss Lizzie Townsend, all of Fayette Co., Pa.

DEATHS.

LASHER.—At Fulton, N. Y., Dec. 12, at the residence of his father, Hon. Jas. D. Lasher, James H. Lasher, M. D., aged 25 years.

PYE.—At Calvert, Texas, of the yellow fever, E. A. Pye, A. M., M. D., on the 9th of November, 1873, in the 55th year of his age. He was a graduate in the Literary Department of Georgetown College, D. C., and of the Medical College of Baltimore, Md.

PYE.—At Hearne, Texas, on the 20th November, 1873, Matilda Caroline Le Grand, wife of Dr. E. A. Pye, in the 50th year of her age, of yellow fever.